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GOVERNOR MITCHELL E. DANIELS JR.  
Clayton A. Graham, Esq., Chair

# REGISTRATION FORM

## CONTACT PERSON INFORMATION

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

## SCHOOL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone Number \_\_\_\_\_

## RESERVATION DETAILS

Number of Students \_\_\_\_\_

Number of Chaperones \_\_\_\_\_

Please describe any dietary, audio/visual, accessibility or other accommodations needed:

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Scan this form to Brad Meadows, Indiana Civil Rights Commission, at [bmeadows@icrc.in.gov](mailto:bmeadows@icrc.in.gov). Seating capacity for the program is limited and is reserved in the order that they are received. For additional information call Brad Meadows at (317) 232-2651.

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